



**Nassau County
Office of Minority Affairs
Minority/ Woman-Owned Business Enterprise**

M/WBE Certification
Fall 2005

Certification Disclaimer

Firms must register online with Nassau County prior to completing the certification application. Please be advised that Nassau County Office of Minority Affairs (OMA) will **not** begin to accept certification applications from Minority/Women Owned Business Enterprise (MWBE) Firms until December 1, 2005.

We will notify you of our decision within 60 days of the receipt of a complete certification application. We encourage all applicants to provide the necessary documentation required for certification.

This disclaimer does not prohibit any firm from registering with Nassau County. We encourage all MWBE firms to register online at www.nassaucountyny.gov

Thank you for your time and effort,

John H. Moya
Executive Director



Nassau County Office of Minority Affairs

ONE WEST STREET, Room 323
MINEOLA, NEW YORK 11501-4895
TEL. (516)-571-6174
FAX: (516)-571-3909

Minority/ Woman-Owned Business Enterprise Certification Short Form

Instructions

Please sign, complete and return this form, along with proof of certification – a copy of the completed application submitted to the certifying agency and a certificate and/or letter validating minority and/or woman status – to the Office of Minority Affairs (OMA). Businesses may fill out this short form if they are currently certified by the following agencies:

Port Authority of New York and New Jersey
Metropolitan Transportation Authority
New York State Empire Development Corporation
New York City Department of Small Business Services
New York City School Construction Authority

OMA will approve or deny certification to your firm based on the information you provide. The Nassau County Minority and Women-Owned Business Enterprise Program (M/WBE Program) will enhance your business opportunities, as well as, create additional exposure for your business to Nassau County government agencies, regional agencies, authorities, construction developers, prime contractors, and other public and private organizations.

Please mail the completed form to:

Nassau County
Office of Minority Affairs
One West Street Room 323
Mineola, NY 11501
516-571-6174 office
516-571-3909 fax

Email: mwbeinformation@NassauCountyny.gov

Minority/ Woman-Owned Business Enterprise
Certification Short Form

Company Profile:

Please fill in the following information about your company.

Company Name_____

ContactName_____

BusinessTitle_____

Business Address_____

Business Telephone/Fax Business#_____ Fax#_____

Email Address_____

Bonding Limit (If Applicable)	Agent/Broker:	Single Job \$	Aggregate\$
----------------------------------	---------------	---------------	-------------

License Type: (If Applicable)	Issued By:	Trade Type:	License#
----------------------------------	------------	-------------	----------

Please provide FEIN/SSN/DUNS numbers_____

**Minority/ Woman-Owned Business Enterprise
Certification Short Form**

Comparable Jurisdictions:

- **The Port Authority of New York and New Jersey,**
- **Metropolitan Transportation Authority,**
- **New York State Empire Development Corporation,**
- **New York City Department of Small Business Services,**
- **New York City School Construction Authority**

Does one or more of these comparable jurisdictions currently certify you? Yes/No

If yes, please list: _____

If you are not currently certified by one or more of these comparable jurisdictions, by what certifying agency(ies) are you certified? _____

What type of certification are you applying for? (e.g. MBE, WBE, both)

Please list certification type: _____

If certified by a Nassau County comparable jurisdiction, what is your Certification expiration date? _____

Is your business unionized? Yes/No

If yes, please list: _____

Have you ever had a government contract? Yes/No

If yes, please list: _____

****If one or more of these comparable jurisdictions currently certifies your firm, please submit a *certification letter of proof* or *certification number* from the respective certifying agency(ies). Please submit any supporting documentation along with this application.**

Minority/ Woman-Owned Business Enterprise Certification Short Form

Conditions of Certification Short Form Application:

Your signature on this application indicates your acceptance and understanding of the conditions to qualify as a certified M/WBE firm with the County of Nassau:

- Omission of information may be cause for this application not receiving timely and complete consideration.
- Applicant agrees to allow Nassau County's M/WBE Analyst/Coordinator the right to inspect the applicant's place of business.
- The Nassau County reserves the right to request further information from applicant prior to certification.
- The applicant has received and reviewed the M/WBE criteria established by OMA.
- Any information submitted which is determined to be false shall be grounds for denial of certification and if certification has been granted shall be grounds for decertification.
- The applicant agrees to notify the M/WBE Program Director of any change in ownership, management control or business status.
- All information and documents submitted with this application shall become the property of the Nassau County.
- ***Please be advised that all vendors/suppliers must register with Nassau County at www.nassaucountyny.gov prior to completing this application.***
- ***Please be advised that after certification, you will be able to review your certification status online at www.nassaucountyny.gov***

**Minority/ Woman-Owned Business Enterprise
Certification Short Form**

Affidavit:

The undersigned certifies that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations _____

As well as the ownership thereof. Any material misrepresented will be grounds for terminating any contract, which may be awarded, and for initiating action under federal or state laws concerning false statements.

Signature _____

(Signature affirms said business is a minority or women owned business enterprise and that all information is true and accurate.)

Name of Firm: _____

Title: _____ Date: _____

CORPORATE SEAL (Where Appropriate)

THIS APPLICATION MUST BE NOTERIZED BY ALL BUSINESSES SEEKING CERTIFICATION.

State of _____ County of _____ On this ____ day of _____, 20____, before me appeared _____ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was property authorized by _____ to executes the affidavit and did so as his or her free act and deed.

Notary Public: _____

My Commission Expires: _____

***** Please include a copy of your letter of certification (letter and/or certificate with this application) *****